

T240

Suicide Prevention

OCT 03

# **U.S. ARMY SERGEANTS MAJOR ACADEMY**

## **Primary Leadership Development Course (PLDC)**

### **The Army Training System TRAINING SUPPORT PACKAGE**



**"NO ONE IS MORE PROFESSIONAL THAN I"**

## SECTION II. INTRODUCTION

Method of Instruction: Conference / Discussion  
 Technique of Delivery: Small Group Instruction (SGI)  
 Instructor to Student Ratio is: 1:8  
 Time of Instruction: 5 mins  
 Media: None

### Motivator

**NOTE:** Keep in mind that the introduction of a very sensitive topic requires an equally sensitive approach. You must assume that the class may include people who were touched by suicide, and some class members who have seriously contemplated or attempted suicide. Give care when discussing this topic.

The Army's strength rests with our soldiers, civilians, retirees, and their families, each being a vital member of our institution. Suicide is detrimental to the readiness of the Army and is a personal tragedy for all those affected. Therefore, suicide has no place in our professional force.

We all realize the daily stress and burdens placed upon our soldiers, civilians and their family members. What defines us, as an institution, is our compassion and commitment to promoting a healthy lifestyle by emphasizing physical, spiritual, and mental fitness. This contributes to the overall well-being of the force and readiness of the Army. Therefore, we must remain cognizant of the potential suicidal triggers and warning signs so that we can raise awareness and increase vigilance for recognizing those whom might be at risk for suicidal behaviors. Furthermore, we must create a command climate of acceptance and support that encourages help-seeking behavior as a sign of individual strength and maturity prevention at every Army unit.

Suicide among our soldiers and their family members is a serious growing problem. Suicide prevention must be the business of every leader, supervisor, soldier, and civilian employee in the United States Army. To facilitate this effort, there is a need for a coordinated program for suicide prevention at every Army unit.

**Terminal Learning Objective**

**NOTE:** Inform the students of the following Terminal Learning Objective requirements.

At the completion of this lesson, you [the student] will:

<b>Action:</b>	Demonstrate an understanding the Army's Suicide Prevention Program.
<b>Conditions:</b>	As a squad leader in a classroom or unit environment given a squad and student handouts.
<b>Standards:</b>	<p>Demonstrated the Army's Suicide Prevention Program by--</p> <ul style="list-style-type: none"> <li>• Defining the Army's suicide prevention program goal,</li> <li>• Identifying suicidal behaviors,</li> <li>• Recognizing the Army suicide prevention model,</li> <li>• Identifying local services available to soldiers,</li> </ul> <p>IAW Army Suicide Prevention - A Guide for Installations and Units (Draft) and Suicide Prevention Leader Training (Draft).</p>

**Safety Requirements**

None

**Risk Assessment Level**

Low

**Environmental Considerations**

**NOTE:** It is the responsibility of all soldiers and DA civilians to protect the environment from damage.

None

**Evaluation**

There is no evaluation for this lesson.

**Instructional  
Lead-In**

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The Soldier's Creed states the following:

I am an American Soldier.

I am a Warrior and a member of a team. I serve the people of the United States and live the Army Values.

I will always place the mission first.

I will never accept defeat.

I will never quit.

I will never leave a fallen comrade.

I am disciplined, physically and mentally tough, trained, and proficient in my warrior tasks and drills.

I always maintain my arms, my equipment, and myself.

I am an expert, and I am a professional.

I stand ready to deploy, engage, and destroy the enemies of the United States of America in close combat.

I am a guardian of freedom and the American way of life.

I am an American Soldier.

Suicide prevention is everyone's business. You must understand the potential for suicides and increase awareness for recognizing individuals who are at risk or exhibit self-destructive behavior. It is your responsibility as a squad leader to help your soldiers understand how to identify at-risk individuals, recognize the warning signs, and know how to take direct action. Then, you must act to provide immediate assistance to prevent the destructive behavior of the soldier. Anyone who is contemplating suicide is often incapable of reaching out to help themselves. If the situation ever presents itself to you, get involved and use your chain of command to assist you with providing help for the soldier.

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### SECTION III. PRESENTATION

**NOTE:** Inform the students of the Enabling Learning Objective requirements.

#### A. ENABLING LEARNING OBJECTIVE

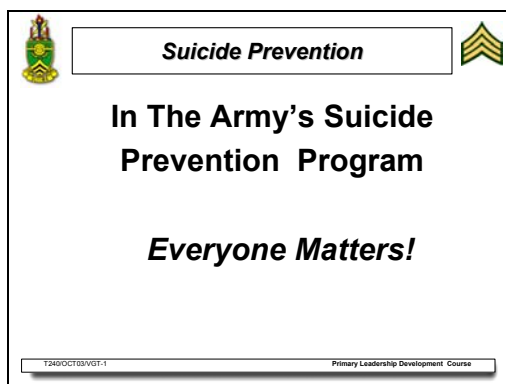
<b>ACTION:</b>	Define the Army's suicide prevention goal.
<b>CONDITIONS:</b>	As a squad leader in a classroom or unit environment given a squad and student handouts.
<b>STANDARDS:</b>	Defined the Army's suicide prevention goal by reviewing the CSA statement, IAW the Army Suicide Prevention - A Guide for Installations and Units.

1. Learning Step / Activity 1. Army Suicide Prevention Program  
Method of Instruction: Conference / Discussion  
Technique of Delivery: Small Group Instruction (SGI)  
Instructor to Student Ratio: 1:8  
Time of Instruction: 35 mins  
Media: VGT-1 thru VGT-4, TVT 8-93, Suicide Prevention, (19 mins)

**NOTE:** Schedule TVT 8-93 to start after VGT-4, the CSA statement. After the film is over, allow time for a 5-minute discussion. The TVT is 19 minutes.

Suicide prevention must be the business of every leader, supervisor, soldier, and civilian employee in the United States Army.

#### SHOW VGT-1, SUICIDE PREVENTION



Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 1

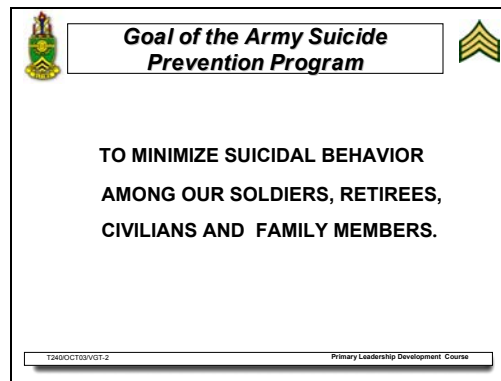
**NOTE:** Use the information contained on the slide to generate a brief discussion. Ensure the discussion includes how suicide is everyone's responsibility.

#### REMOVE VGT-1

QUESTION: What is the goal of the Army Suicide Prevention Program (ASPP)?

ANSWER: See VGT-2.

## SHOW VGT-2, GOAL OF THE ARMY SUICIDE PREVENTION PROGRAM



Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 1-2

**NOTE:** Ask the students to turn to para 1-2 and lead a short discussion on the goal of the Army Suicide Prevention Program.

The goal of any Army Suicide Prevention Program is to minimize suicidal behavior among our soldiers, retirees, civilians, and family members. Suicide behavior includes self-inflicted fatalities, non-fatal self-injurious events and suicidal ideation.

Suicide prevention is an evolving science. It is your responsibility as squad leaders to utilize the best-known available methodology in caring for our soldiers, retirees, civilians, and family members. Measure the successes of our efforts by the confidence and conscience of knowing that—

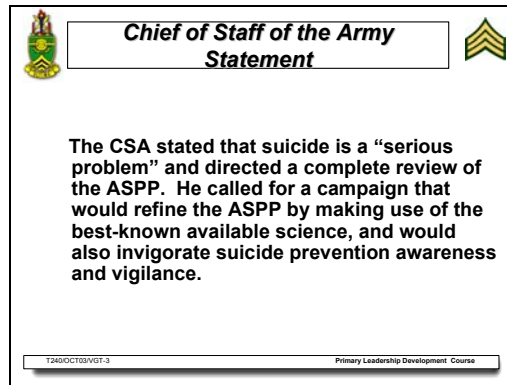
- ✓ we have created and fostered an environment where all soldiers, identify civilians and family members at risk for suicide quickly so they can receive successful intervention and appropriate care;
- ✓ encourage and accept help-seeking behavior as a sign of individual strength, courage and maturity, and taught and reinforced by all leaders is positive life-coping skills.

**NOTE:** Summarize and clarify any questions students may have on the goal of the Army Suicide Prevention Program.

**REMOVE VGT-2**

In 2000, following a 27% increase in the number of reported suicides within the Army during 1997-1999, the CSA, General Eric K. Shinseki, stated that suicide is a “serious problem” and directed a complete review of the ASPP.

### **SHOW VGT-3, CHIEF OF STAFF OF THE ARMY STATEMENT**



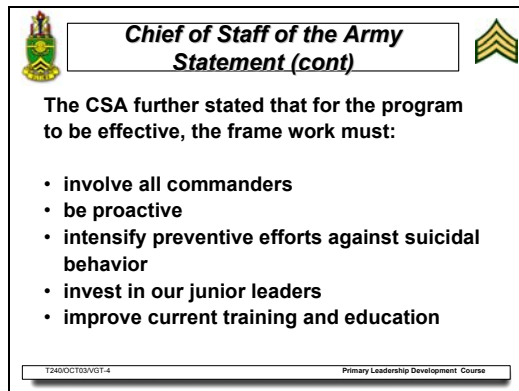
Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 1-3

**NOTE:** Ask a student to read VGT-3 and ask another student to explain the CSA statement. Clarify any questions the students may have up to this point.

Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 1-3

### **REMOVE VGT-3**

### **SHOW VGT-4, CHIEF OF STAFF OF THE ARMY STATEMENT, (cont)**



Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 1-3

You can see the CSA has issued clear guidance, and he is giving the Suicide Prevention Program his highest attention. This is to ensure that you and your leaders protect our soldiers and civilians.

**NOTE:** Ask the students to explain the CSA statement in their own words and clarify any misunderstandings they may have.

## REMOVE VGT-4

Now we will watch a TVT on suicide prevention. The TVT will serve as our next class discussion on suicide prevention issues and concepts.

**NOTE:** Show TVT, "Suicide Prevention" (19 minutes). When the video is over, conduct a 5-minute review discussing the issues and elements that address the Army's policy on suicide prevention.

**NOTE:** Ask the students to discuss the TVT and how it relates to any of their own experiences.

### B. ENABLING LEARNING OBJECTIVE

<b>ACTION:</b>	Identify suicidal behaviors.
<b>CONDITIONS:</b>	As a squad leader in a classroom or unit environment given a squad and student handouts.
<b>STANDARDS:</b>	Identified suicidal behaviors by-- <ul style="list-style-type: none"><li>• reviewing possible mental disorders,</li><li>• reviewing potential suicide triggers, and</li><li>• reviewing suicide warning and danger signs</li></ul> IAW the Army Suicide Prevention - A Guide for Installations and Units (Draft).

#### 1. Learning Step / Activity 1. Identify Mental Disorders, Triggers, and Immediate Danger Signs

Method of Instruction: Conference / Discussion


Technique of Delivery: Small Group Instruction (SGI)

Instructor to Student Ratio: 1:8


Time of Instruction: 20 mins

Media: VGT-5 thru VGT-9

### SHOW VGT-5, POSSIBLE MENTAL DISORDERS



#### Possible Mental Disorders



- Impulsive or aggressive-violent traits
- Previous other self-injurious acts
- Excessive anger, agitation, or constricted preoccupations
- Excessive alcohol use
- Heavy smoking
- Evidence of any sleep or eating disorder

T240OCT3SVGT-5 Primary Leadership Development Course

Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 2-2



Now let's review the possible mental disorders. You need to realize that soldiers enter into the Army with varying levels of life-coping skills. Leaders should not assume that all soldiers entering the Army can adequately handle the inherent stress of military service, or even life in general, especially if they are already predisposed to psychiatric disorder. It is unrealistic for a leader to understand the genetic composition of their soldiers or know their complete developmental history. Leaders can make proper assessments of their life-coping skills by observation and personal dialogue focused on learning and understanding their soldier's background.

Now we will look at the common causes of suicide and inform you of the common danger and warning signs so you can properly anticipate suicidal or other dysfunctional behavior and make preemptive referrals to professional mental health care providers before a crisis ensues.

Mental disorders are, "health conditions that are characterized by alterations in thinking, mood, or behavior, which are associated with distress and/or impaired functioning and spawn a host of human problems that may include disability, pain, or death." Mental disorders occur throughout society affecting all population demographics including age, gender, ethnic groups, educational background, and even socioeconomic groups. In the United States, approximately twenty-two percent of those between the ages of 18 – 64 years had a diagnosis of some form of mental disorder.

Mental illness is more common than cancer, diabetes, or heart disease, filling almost 21 percent of all hospital beds at any given time. In fact, the number one reason for hospitalizations nationwide is a biological psychiatric condition.

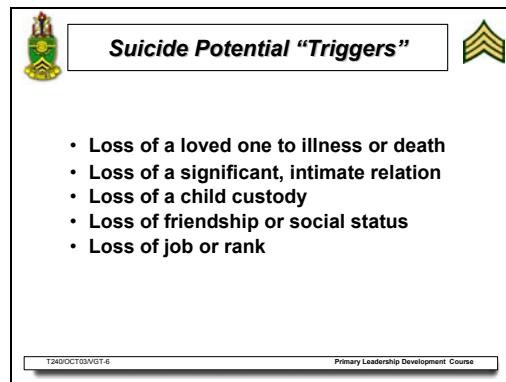
Mental disorders also affect our youth. At least one in five children and adolescents between 9 – 17 years has a diagnosable mental disorder in a given year, extremely impaired are about five percent.

Mental disorders vary in severity and disabling effects. However, current treatments are highly effective and offer a diverse array of settings. The treatment success rate for schizophrenia is sixty percent, sixty-five percent for major depression, and eighty percent for bipolar disorder. This compares to between 41-52 percent success rates for the treatment of heart disease.

**NOTE:** Summarize and clarify any questions the students may have about possible mental disorders.

REMOVE VGT-5

**SHOW VGT-6, SUICIDE POTENTIAL “TRIGGERS”**



The slide is titled "Suicide Potential *Triggers*" and features a list of five triggers. It includes the Army crest on the top left and a sergeant's rank insignia on the top right. The footer contains the code T248OCT03VGT-6 and the text "Primary Leadership Development Course".

- Loss of a loved one to illness or death
- Loss of a significant, intimate relation
- Loss of a child custody
- Loss of friendship or social status
- Loss of job or rank

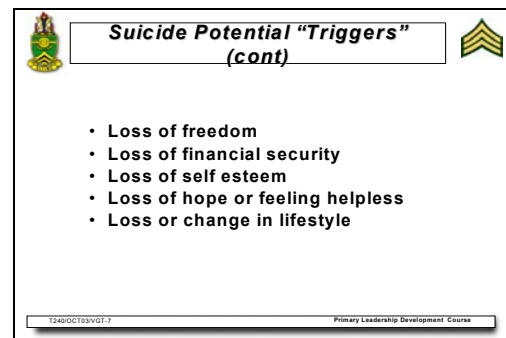
Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 2-5

**NOTE:** Call on a student to read the bullets on VGT-6 and then clarify any misunderstanding they may have.

**REMOVE VGT-6**

**NOTE:** Call on a student to read VGT-7 and generate a brief discussion on each bullet.

**SHOW VGT-7, SUICIDE POTENTIAL “TRIGGERS” (cont)**



The slide is titled "Suicide Potential *Triggers* (cont)" and features a list of five triggers. It includes the Army crest on the top left and a sergeant's rank insignia on the top right. The footer contains the code T248OCT03VGT-7 and the text "Primary Leadership Development Course".

- Loss of freedom
- Loss of financial security
- Loss of self esteem
- Loss of hope or feeling helpless
- Loss or change in lifestyle

Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 2-5

Small unit leaders have the most crucial role in establishing and determining the conditions of the soldier's work environment. You should strive to have a positive influence on them by being a proper role model for them to emulate. For some soldiers, their role and camaraderie within their unit and the relationship with their first line supervisor might be the only positive, life-sustaining resource available to them in times of adversity. Therefore, everyone should take this responsibility seriously.

Although it is the responsibility of the professional mental health care provider to diagnose a mental disorder, there are certain warnings that may indicate an underlying mental disorder. You need to be aware of these indicators that might indicate the presence of a mental disorder, which places the soldier at risk for suicide or other dysfunctional behaviors.

Leaders who spot such behavior and/or suspect that one of their soldiers is suffering from a mental disorder should notify their chain of command so that the commander can decide upon making a referral to a mental health care provider. It is important to note that persons with mental disorders are often unable to appreciate the seriousness of their problem, because the disorder frequently distorts their judgment. Therefore, they must rely upon others for assistance.

Obviously, a common theme associated with all these potential triggers for suicide is some form of a loss. As leaders, you must realize that each individual will handle a particular life stressor differently. Therefore, you should anticipate potential “life crises” and ensure that the individual has the proper resources to handle the adversity. This might include appointing a “life-line” buddy to watch over the individual until the crisis has passed or referral to the unit chaplain or other professional counselors.

**NOTE:** Clarify any questions students may have up to this point.

Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 2-4 and para 2-5

#### **REMOVE VGT-7**

**Break:** TIME: 00:50 to 01:00

To the “well adjusted” person, suicide is an irrational act. This attitude, however, might interfere with a person’s ability to promptly intervene if they assume that everyone shares their opinion. Some consider suicide a method of ending or escaping from pain or other problems.

Let’s look at the immediate danger signs that may indicate suicide behavior is imminent and what you, as leaders, should look out for.

**NOTE:** Direct the students to para 2-7. Using the information on VGT-8 to generate a short discussion on the immediate danger signs.

## SHOW VGT-8, SUICIDE IMMEDIATE DANGER SIGNS



Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 2-7

Anyone, especially first line supervisors, who recognize these warning signs, must take immediate action. The first step should be to talk to the individual, allow them to express their feelings, and ask them outright and bluntly, "Are you considering suicide?" or "Are you thinking about killing yourself?" If their response is "yes," then required are immediate life-saving steps, such as ensuring the safety of the individual, notifying your chain of command or chaplain, and calling for emergency services or escorting the individual to a mental health officer.

Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 2-7

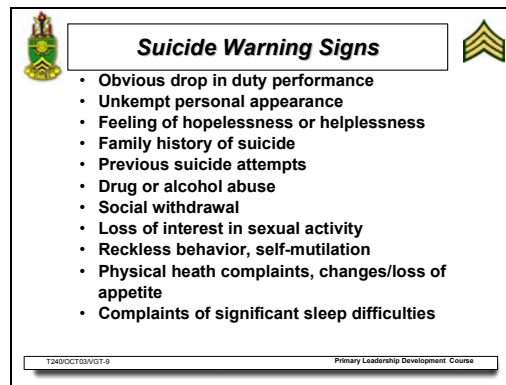
### REMOVE VGT-8

**NOTE:** Direct students to para 2-8. Use the information on para 2-8 to lead a short discussion on the feeling and emotions that might precede suicide. Ensure the discussion covers the most common feelings listed in the para 2-8.

**NOTE:** Ask one student to read each bullet on VGT-9 and generate a brief discussion.

Now let's look at the suicide prevention warning signs. The list on the VGT contains some warning signs that might precede suicide behavior. Although not as serious as the danger signs previously listed, do not disregard warning signs because they require immediate personal intervention. As a squad leader, you must also be aware of the suicide warning signs.

## SHOW VGT-9, SUICIDE WARNING SIGNS



Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 2-8

It is the responsibility of all leaders and the duty of all soldiers to watch for these danger and warning signs and realize that they might not be capable of helping themselves and, therefore, require immediate action.

Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 2-8

**NOTE:** Ensure the students understand the difference between suicide danger and warning signs. Clarify any questions the students may have up to this point.

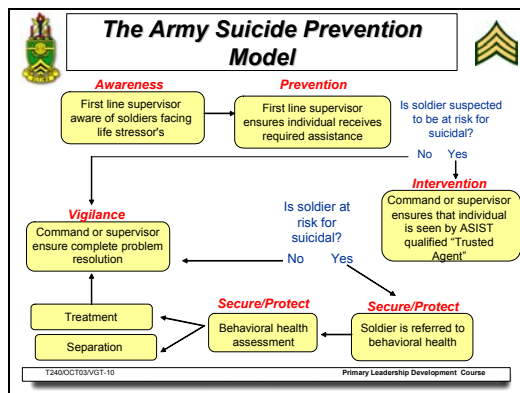
**REMOVE VGT-9**

**C. ENABLING LEARNING OBJECTIVE**

<b>ACTION:</b>	Identify the Army Suicide Prevention Model.
<b>CONDITIONS:</b>	As a squad leader in a classroom or unit environment given a squad and student handouts.
<b>STANDARDS:</b>	<p>Identified the Army Suicide Prevention Model by--</p> <ul style="list-style-type: none"> <li>• Recognizing the prevention barrier,</li> <li>• Recognizing the intervention barrier,</li> <li>• Recognizing the secure barrier, and</li> <li>• Recognizing the continuity of care barrier</li> </ul> <p>IAW the Army Suicide Prevention - A Guide for Installations and Units (Draft).</p>

1. Learning Step / Activity 1. The Suicide Prevention Model and Barriers  
 Method of Instruction: Conference / Discussion  
 Technique of Delivery: Small Group Instruction (SGI)  
 Instructor to Student Ratio: 1:8  
 Time of Instruction: 20 mins  
 Media: VGT-10 thru VGT-14

**NOTE:** Ask students to turn to para 3-1 and review the Army Suicide Prevention Model. Generate a brief discussion on the barriers of the suicide model.

**SHOW VGT-10, THE ARMY SUICIDE PREVENTION MODEL**

Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 3-1

Let's review the barriers of the Army Suicide Prevention Model. The Army Suicide Prevention Model focuses on maintaining the individual readiness of the soldier. Occasionally, through normal life experiences, a person enters a path that if followed, and without interruption or intervention, could allow a normal life stressor or mental disorder to become a life crisis, which might lead to thoughts of suicide and eventually suicidal behavior and possible injury or death. Parallel to the suicidal path

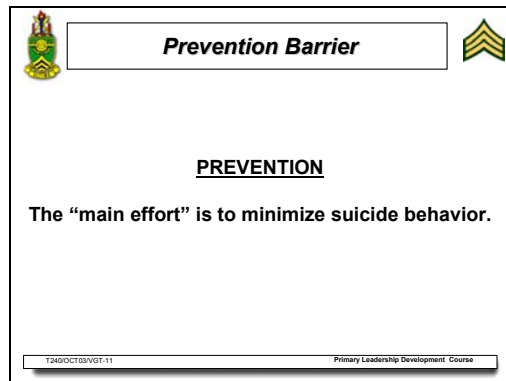
is a “safety net” that represents the Army’s continuity of care. As the actual suicidal risk escalates, so does our response by becoming more directive and involving more professional health-care providers. To prevent a person from progressing down the suicidal path are three “barriers.” They are: prevention, intervention, and secure. These barriers target specific programs and initiatives for varying degrees of risk to block any further progress along the suicidal path. Provided below is a quick outline of each of these “barriers.” For more detailed strategies read Chapters 4, 5, and 6.

Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 3-1

**NOTE:** Clarify any questions that the students may have on the Suicide Prevention Model.

**REMOVE VGT-10**

**SHOW VGT-11, PREVENTION BARRIER**



Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 3-1a

Let’s review the prevention barrier. Prevention is our “main effort” to minimize suicidal behavior. It focuses on preventing normal life stressors from turning into a life crisis. “Prevention programming” focuses on equipping the soldier with the coping skills to handle overwhelming life circumstances that can sometimes begin a dangerous journey down a path to possible suicidal behaviors. This barrier allows the individual to operate “in the green” or at a high state of individual readiness. Prevention includes establishing early screening to establish baseline mental health and offer specific remedial programs before the occurrence of possible dysfunctional behavior. Prevention is absolutely dependent on caring and proactive small unit

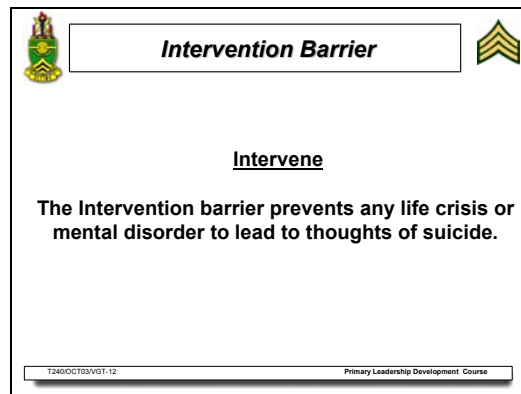
leaders who make the effort to know their subordinates, including estimating their ability to handle stress, and offer a positive, cohesive environment which nurtures and develops positive life coping skills.

Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 3-1

**NOTE:** Clarify any questions that the students may have about the prevention barrier.

**REMOVE VGT-11**

**SHOW VGT-12, INTERVENTION BARRIER**



Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 3-1b

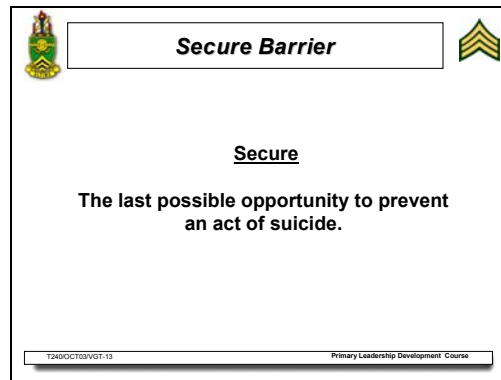
Now let's review the intervention barrier. Intervention is the barrier that prevents any life crisis or mental disorder to lead to thoughts of suicide. It recognizes that there are times when one should seek professional assistance/counseling to handle a particular crisis or treat a mental illness. In this area, early involvement is a crucial factor in suicide risk reduction. Intervention includes alteration of the conditions, which produced the current crisis, treatment of any underlying psychiatric disorder(s) that contributed to suicidal thoughts, and follow-up care to assure problem resolution. Commanders play an integral part during this phase, as it is their responsibility to ensure that the particular problem or crisis is resolved before assuming that the threat has passed. This barrier is color-coded "yellow" because it warrants caution and the individual readiness is not to an optimal level since the individual may become distracted by the life crisis.

**NOTE:** Clarify any question that the students may have to the intervention barrier.



**REMOVE VGT-12**

**SHOW VGT-13, SECURE BARRIER**



Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 3-1c

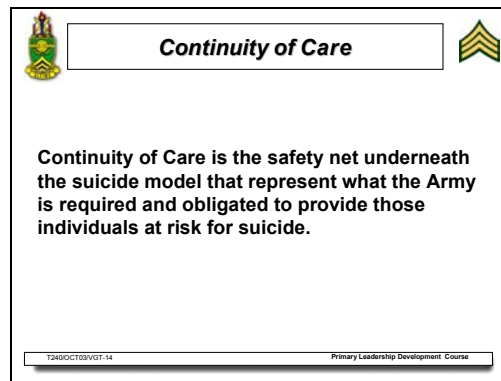
The third and final barrier we will look at in this model is perhaps the last possible opportunity to prevent an act of suicide. This occurs when an individual is at risk for suicidal behavior. When someone becomes suicidal, then someone must secure and protect them before they can harm themselves and/or others. This is “tertiary prevention” and requires immediate life-saving action. The focus within this area will be to educate everyone to recognize the suicidal danger and warning signs and if recognized, take immediate, life-saving action. This barrier is color-coded red due to the severity of the situation. The individual is considering or has already decided to commit suicide and is in imminent danger of harming him or herself, or possibly others as well.

Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 3-1c

**NOTE:** Clarify any question that the students may have to secure barrier.

**REMOVE VGT-13**

## SHOW VGT-14, CONTINUITY OF CARE



Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 3-1d

The last part of the model we will look at is the continuity of care. The safety net underneath the suicidal path within the model represents the continuity of care required and obliged by the Army to provide those individuals at risk for suicide. It starts with awareness of the impact and magnitude of suicide within the Army. It continues with training, education, and ensuring constant vigilance of those who might be at risk for suicide. As the risks increases, so does the level of required care, including referrals to professional gatekeepers and if appropriate, in-patient care until assurance of problem resolution. Required for the most intensive care will be for those who actually commit a suicide act, ranging from medical care and psychiatric therapy (for non-fatal suicide acts) to bereavement counseling for surviving family members and personal counseling for unit members for completed suicides.

Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 3-1d

**NOTE:** Clarify any question that the students may have to the continuity of care.

### REMOVE VGT-14

**NOTE:** Summarize and clarify any question the students may have with the barriers of the Army Suicide Prevention Model.

**D. ENABLING LEARNING OBJECTIVE**

<b>ACTION:</b>	Identify local assistance services available.
<b>CONDITIONS:</b>	As a squad leader in a classroom or unit environment given a squad, and student handouts.
<b>STANDARDS:</b>	<p>Identified local assistance services available by--</p> <ul style="list-style-type: none"> <li>• reviewing installation gatekeepers,</li> <li>• reviewing soldiers and leaders checklist</li> </ul> <p>IAW the Army Suicide Prevention - A Guide for Installations and Units (Draft).</p>

## 1. Learning Step / Activity 1. Installation Gatekeepers and checklists

Method of Instruction: Conference / Discussion

Technique of Delivery; Small Group Instruction (SGI)

Instructor to Student Ratio: 1:8

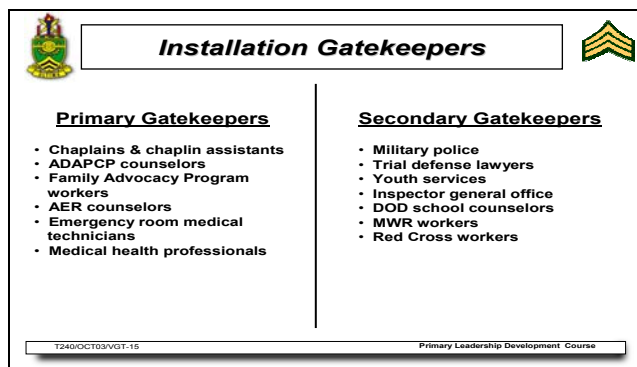
Time of Instruction: 15 mins

Media: VGT-15 thru VGT-18

**NOTE:** Ask students to turn to para 5-3c and generate a brief discussion on the installation gatekeepers.

All Army leaders will receive training on the current Army policy toward suicide prevention, how to refer their subordinates to the appropriate helping agency, and how to create an atmosphere within their commands of encouraging help-seeking behavior. Civilian supervisors will also receive training that focuses on referral techniques/protocols for their employees.

Now let's review the local helping personnel, the installation gatekeepers:

**SHOW VGT-15, INSTALLATION GATEKEEPERS**

Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 5-3c

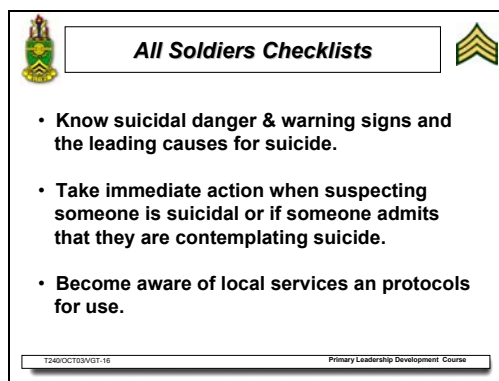
Installation gatekeepers are individuals who in the performance of their assigned duties and responsibilities provide specific counseling to soldiers and civilians in need; they receive training in recognizing and helping individuals with suicide-related symptoms or issues. Identify gatekeepers as either a “primary gatekeeper” (those whose primary duties involve primarily assisting those in need and more susceptible to suicide ideation) or “secondary gatekeepers” (those who might have a secondary opportunity to come in contact with a person at risk).

**NOTE:** Summarize installation gatekeepers and clarify any questions the students may have.

As squad leaders you should also make up a checklist that will assist you in making the correct steps in the suicide prevention program.

**NOTE:** Ask the students to turn to SH-2,p SH-2-13, and lead a brief discussion on the soldiers and first line supervisor checklist.

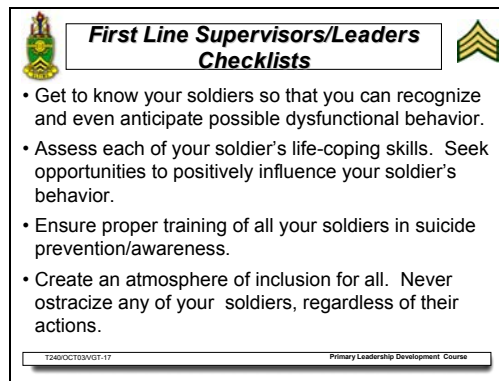
#### **SHOW VGT-16, ALL SOLDIERS CHECKLISTS**



Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), Appendix B.

#### **REMOVE VGT-16**

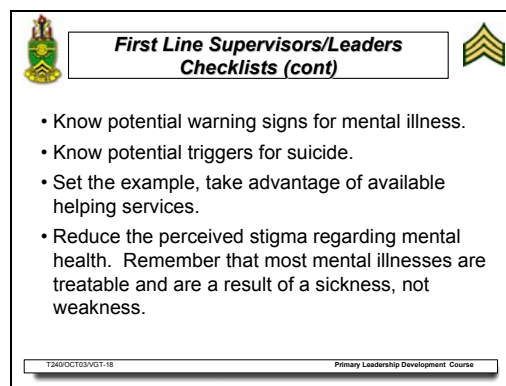
## SHOW VGT-17, FIRST LINE SUPERVISORS/LEADERS CHECKLISTS



Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), Appendix B.

## REMOVE VGT-17

## SHOW VGT-18, FIRST LINE SUPERVIORS/LEADERS CHECKLIST (cont)



Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), Appendix B.

As a squad leader you must be vigilant in recognizing and helping your soldiers who may be stressing or suicidal. Suicide can affect anyone, regardless of rank, age, sex, MOS, race or ethnicity. Although there are no select demographics that will accurately predict suicidal behavior with certainty, it is important to examine the Army suicide population in an attempt to infer potential suicide risk indicators for use in prevention efforts (an updated briefing of the previous calendar year as well as the current monthly Army suicide statistics and demographics are found at the Army G-1 HRPD website). Vigilance and awareness must extend to everyone in the Army. It is

also important not to use demographics to “profile” or “discriminate” at-risk populations.

Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), Annex G.

#### SECTION IV. SUMMARY

Method of Instruction: <u>Conference / Discussion</u>
Technique of Delivery: <u>Small Group Instruction (SGI)</u>
Instructor to Student Ratio is: <u>1:8</u>
Time of Instruction: <u>5 mins</u>
Media: <u>VGT-19</u>

#### Check on Learning

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QUESTION: What should be the goal of the Army Suicide Prevention Program?

ANSWER: To minimize suicidal behavior among our soldiers, retirees, civilians, and family members.

Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 1-2

QUESTION: Leaders who spot or suspect one of their soldiers or civilians is suffering from a mental health disorder should take what action to correct the problem?

ANSWER: Notify their chain of command.

Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 2-2

QUESTION: As a leader you must be able to recognize suicide triggers and danger signs. Which of the following elements is a danger sign that suicidal behavior is imminent?

ANSWER: Giving away personal possessions.

Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 2-7

QUESTION: What kind of continuity of care does the Army represent to maintain an individual readiness posture parallel to the suicide path?

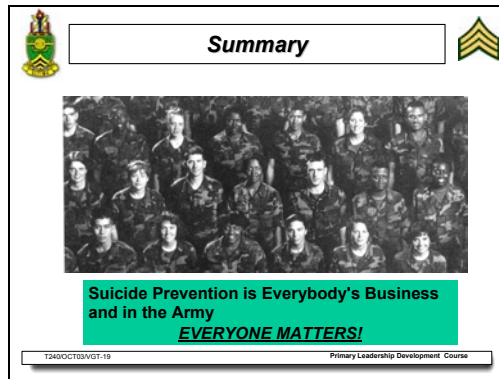
ANSWER: Safety net

Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft), para 3-1

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## SHOW VGT-19, SUMMARY



Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft).

Suicide prevention is the commander's program and the responsibility of every soldier at all levels. The success of the Army Suicide Prevention Program (ASPP) rests upon proactive, caring and courageous soldiers, leaders, family members, and Army civilians who recognize the imminent danger and then take immediate action to save a life.

Suicide prevention is everybody's business and in the Army, **EVERYONE MATTERS!**

Ref: Army Suicide Prevention - A Guide for Installations and Units (Draft)

## REMOVE VGT-19

**NOTE:** Summarize the lesson and clarify any misunderstanding the students may have about the Army Suicide Prevention Program.

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